



**BOARD OF HEALTH FOR THE
NORTHWESTERN HEALTH UNIT**

MINUTES of the Regular Board of Health Meeting
October 2, 2015, 8:30 a.m.
Abram Lake, Sioux Lookout, Ontario

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**PRESENT:** Julie Roy, Chair  
Dennis Brown, Joe Ruete, Paul Ryan, Sharon Smith, Trudy Sachowski, Bill Thompson

**REGRETS:**  
John Albanese, Carol Baron, Yolaine Kirlaw

**IN ATTENDANCE:**  
Mark Perrault, CEO  
Dr. Kit Young Hoon, MOH  
Marilyn Herbacz, Manager, Human & Financial Resources  
Cindy Crandall, Secretary to BOH/MOH (Recorder)

**1. CALL TO ORDER**

Chair Julie Roy called the meeting to order at 8.30 a.m.

**2. APPROVAL OF AGENDA**

The Agenda was amended to remove In-Camera (Closed Meeting) Session.

|                                                                                                |                 |                         |
|------------------------------------------------------------------------------------------------|-----------------|-------------------------|
| <b>Motion / Resolution: #76-2015</b>                                                           | <b>APPROVED</b> |                         |
| THAT the Agenda for the Board of Health meeting dated October 2, 2015, be approved as amended, |                 | S. Smith<br>B. Thompson |

**3. DECLARATIONS OF PECUNIARY INTEREST & GENERAL NATURE THEREOF**

None was declared.

**4. MINUTES OF BOARD OF HEALTH MEETING, August 28, 2015**

|                                                                                               |                 |                         |
|-----------------------------------------------------------------------------------------------|-----------------|-------------------------|
| <b>Motion / Resolution: #77-2015</b>                                                          | <b>APPROVED</b> |                         |
| THAT the Minutes of the Board of Health meeting held August 28, 2015, be approved as written. |                 | B. Thompson<br>D. Brown |

**5. IN CAMERA (CLOSED MEETING) SESSION:**

This agenda item was removed.

## 6. PUBLIC HEALTH PROGRAMS

### 6.1 Medical Officer of Health Report – *Dr. Kit Young Hoon, MOH*

*Reference 2015.10.02.6.1*

#### PURPOSE

As the September BOH meeting is to be preceded by a 1.5 day retreat, the MOH report will provide short timely updates on programming and the activities of the Medical Officer of Health.

#### First Nations Collaborative Projects

The Community Health Assessment Team for Grassy Narrows First Nations met at a face-to-face meeting on September 10<sup>th</sup>. The meeting included an engaging discussion on the scope of the health assessment and whether it should include human samples to measure mercury exposure i.e., blood samples. The budget was also examined and sources of potential funding discussed.

The negotiations table for the Approaches to Community Wellbeing project met face-to-face on September 10<sup>th</sup> and 11<sup>th</sup>. I was able to participate on the 11<sup>th</sup>. Conversations focused on the work plan of the new public health specialist leading the process. The work plan included further development of the transition plan from First Nations and Inuit Health Branch (Health Canada) to Sioux Lookout First Nations Health Authority (SLFNHA), participation in some communicable disease work that is currently being led by First Nations and Inuit Health Branch, development of the position and outlining the roles and responsibilities for the position in the future. SLFNHA plans to hire a number of additional staff in the near future to support the development and implementation of the system. There was also a discussion that funding for the continued development and implementation of the Approaches to Community Wellbeing was coming to an end and further funding will be required.

#### Integrated Dental Services: update

*Prepared by Dawn Sauvé (Manager, Dental Health)*

On August 31, 2015, all health units received a *Healthy Smiles Ontario (HSO) Change Management Plan*. The plan is intended to provide guidance and support through all upcoming transition activities for health units, clients, providers and changes to the public health delivery role starting January 1, 2016.

Presently, the new HSO program requirements and associated program protocol (under the Child Health Program Standard along with corresponding updates to the Ontario Public Health Standards) are being developed. These will take effect January 1, 2016. The current protocols "*Oral Health Assessment and Surveillance Protocol, 2008*" may be changed to accommodate the new HSO protocol along with removal of the "*Preventive Oral Health Services Protocol*" and "*CINOT Protocol*". Key activities from both will be incorporated into the new HSO Protocol. The current "*Population Health Assessment and Surveillance*

*Protocol, 2008"* and "*Protocol for the Monitoring of Community Water Fluoride Levels, 2014"* will remain unchanged.

Bi-weekly HSO Manager Teleconferences with the Ministry are presently taking place to provide further details and information on all of the changes. We are currently waiting to have the MOHLTC indicate what they mean by the need for a family to "attest to financial hardship" as this will be a new requirement for provision of preventive services and emergency/essential care.

### **Indoor Air Quality testing in Arenas: update**

Environmental health programming on the testing of indoor air quality testing in arenas continues to progress. The Annual Report for last winter is attached. For the upcoming season, the program plans to post testing results on the NWHU website.

### **Smoking Cessation programming – one-time funding**

*Prepared by Shannon Robinson (Manager, Chronic Disease Prevention)*

The provincial program based grants for 2015 included one-time funding of \$15,000 for *Smoke-Free Ontario Strategy: Expanded Smoking Cessation Programming for Priority Populations (100%)*. The funding will be used to purchase Nicotine Replacement Therapy (NRT) for priority populations. To disseminate the NRT (patch, gum, lozenge), the health unit will be setting up cessation counselling appointments. TEACH trained Chronic Disease Prevention staff in Kenora, Dryden and Red Lake will be the primary deliverers of this cessation service. The new initiative will fill a gap in provision of free NRTs in those three communities. As this is a one-time funding opportunity which may not be available in upcoming years, the team will review options of continuing the programming after funding has stopped.

### **Supervision of Medical Students and Residents**

I will be partially supervising a medical student from Queen's University based in Dryden who will be working on two projects related to (1) collaboration with primary care and (2) sexually transmitted infections. I will also be supervising project work for two medical students from the Northern Ontario School of Medicine based in Kenora on enhancing the programming of the sexual health clinics.

### **RECOMMENDATION**

That the Board of Health receive the report of the Medical officer of Health.

Additional Verbal Report – *provided by Dr. Kit Young Hoon , MOH*

More discussion on Section 50 agreements with First Nations will take place in the future.

Questions and comments were provided.

### **6.2 Arena Air Quality Testing – Jennifer McKibbon, Manager, Environmental Health & SFO**

*Reference 2015.10.02.6.2 – Report will be kept on file.*

Additional Verbal Report – *provided by Dr. Kit Young Hoon , MOH*

In future, Arena Air Quality testing results will appear on the Northwestern Health Unit website. Discussion ensued on the benefit of only testing once a year versus monitoring remotely. Dr. Young Hoon will follow-up with Ms. McKibbon.

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| <b>Motion / Resolution: #78-2015</b>                                                                                                   | <b>APPROVED</b> |                      |
| THAT the following reports be accepted as presented:<br>- 2015.10.02.6.MOH Report<br>- 2015.10.02.6.2 Arena Air Quality Testing Report |                 | J. Ruete<br>D. Brown |

**7. CORPORATE ADMINISTRATION**

**7.1 CEO Report – Mark Perrault, CEO**  
*Reference #2015.08.28.7.1*

**PURPOSE**

To inform the Board of Health of issues that have developed since the last Board of Health meeting that may have an impact on the operations of the Health Unit, but do not warrant as separate report, and of the activities of the Chief Executive Officer. This report will complement the separate Finance Report.

**Funding**

This month we have finally received the *Final Report of the Funding Review Working Group* (electronic copy provided) and the 2015 Programs-Based Grants (PBG) were approved using the new public health funding formula and is outlined in the 2015 Amending Agreement from the Ministry of Health and Long-term Care (electronic copy provided). We will spend some time at the Board of Health meeting going over these documents but the following is a quick summary.

**Final Report of the Funding Review Working Group**

You will have received a copy of the presentation that was presented by the MOHLTC to health unit management explaining the model. They used a rather complicated formula that weighted a health unit’s census population by services cost factors (geography and language) and drivers of need which include Aboriginal, ON-Marg, and Preventable Mortality Rate. Then the total weighted population of all health units was added together and they came up with a number for every health unit as to their model share of the public health pool of money. Then they compared what the health unit’s actual share was and what the difference was.

For the Northwestern Health Unit, our model share is 1.03%. In 2014, it was determined that we actually received 1.08% of the cost-shared funding. This year, in 2015, the MOHLTC increased the total pool of money by 2% and gave all of the money to eight health units that were under-funded according to the model. This dropped our percentage of the pool to 1.05% meaning we are 1.02% higher than we should be. If in 2016 the pool was again

increased by 2% and given to the underfunded health units, we could reach equity. Population will be continuously monitored so that if our population declines relative to others, we may fall further behind.

The same type of weighting was also done for the Unorganized Territories Grant (UTG) of which 8 health units share a pool of money. This model shows the NWHU is underfunded by \$940,065 and in 2015 we received an increase of \$414,000 which was a welcome surprise. The MOHTLC says that there was a "one-time" opportunity to increase the UTG by \$900,000 total and they decided to forgo the same process with the cost shared grant and give all eight health units an increase of varying amounts (NWHU was the highest) which means even the health unit that is way over funded by the model got an increase. They warned the UTG will never be increased again. They said it was a different stream of funding and it was a truly one-time increase. While we welcome the unexpected increase, it is disconcerting that equity only applies to the large pool of money.

### **2015 Programs Based Grants (Amending Agreement No. 1)**

I have attached the full agreement. Schedule A-2 outlines what we were approved for 2015 and whether it's an increase or decrease. Our cost-shared mandatory AND related programs (Small Drinking Water Systems and Vector Borne Diseases) programs were frozen at \$6,064,900 (they rounded up \$12) and most 100% funded lines were frozen except some targeted programs.

Our Needle Exchange program received a welcome increase of \$18,079, Healthy Smiles Ontario was increased by \$6,223 and of course our Unorganized Grant was increased by \$414,000.

The most significant increases were in the Smoke Free Ontario (SFO) program in order to help health units enforce the new Electronic Cigarettes Act (ECA). We received \$16,700 twice, once as on-going costs related to the ECA and also a one-time grant as well. We also received an extra \$53,700 for SFO enforcement related to ECA.

On a very positive side, we received all of our one-time requests including \$150,000 towards our renovations to accommodate the Market Square Staff at City View.

The bottom line is we received \$236,375 more funding than requested, mainly due to the UTG increase of \$414,000. We are developing plans to spend the money that will reduce our operating costs in 2016, as it is almost certain that we will be frozen at zero increase. This will be discussed at the next Executive Committee meeting.

### **Excellence Canada**

The assessors for Excellence Canada will be at the health unit on October 27<sup>th</sup> to determine if we meet the Bronze Standard.

### **RECOMMENDATION**

That the Board of Health accepts the CEO Report.

Additional Verbal Report – *provided by Mark Perrault, CEO*

The Men’s Mental Health Conference for January 22, 2016, is well into the planning stage. We are hoping to get all Mental Health agencies together for Day 2 of the conference.

Planning is continuing for moving Clinical Services at Market Square office over to the City View location in Kenora. The Ministry of Health & Long-Term Care has approved a one-time funding grant to pay for this move.

**7.2 Finance Report – Marilyn Herbacz, Manager, Human & Financial Resources**

*Reference #2015.08.28.7.2 The report will be retained on file.*

Additional Verbal Report – *provided by Marilyn Herbacz, Manager, Human & Financial Resources*

The new Chart of Accounts has been deployed and should prove to be more efficient. It will enable Finance to produce more extensive reports and clearer variance reports. Investments will be reported on twice a year, due to low interest rates. Investments will remain status quo for now.

It was noted that honorariums (per diems) at the City of Kenora have increased from \$172 to \$175. This will be discussed further at the Executive Committee meeting.

|                                                      |                 |              |
|------------------------------------------------------|-----------------|--------------|
| <b>Motion / Resolution: #79-2015</b>                 | <b>APPROVED</b> |              |
| THAT the following reports be accepted as presented: |                 | T. Sachowski |
| - 2015.10.02.7.1 CEO Report                          |                 | j. Ruete     |
| - 2015.10.02.7.2 Finance Report                      |                 |              |

**7.3 Review of Funding & Accountability Agreement**

Mr. Perrault, CEO, reviewed the report of the Funding Review Working Group and the new public health funding formula that is outlined in the 2015 Amending Agreement from the Ministry of Health & Long-Term Care as noted in his CEO Report – Agenda Item 7.1.

The additional funding will enable us to move forward with making our two Peer Ambassadors volunteer positions into 0.6FTE permanent positions. These positions will be housed on the first floor of the City View office building in Kenora.

|                                                                                                                                  |                 |          |
|----------------------------------------------------------------------------------------------------------------------------------|-----------------|----------|
| <b>Motion / Resolution: #80-2015</b>                                                                                             | <b>APPROVED</b> |          |
| THAT the Board of Health approve the Ministry of Health & Long-Term Care 2015 Program Based Grants and Accountability Agreement. |                 | J. Ruete |
|                                                                                                                                  |                 | P. Ryan  |

The Board recessed at 10:25 a.m. and resumed business at 10:45 a.m.

**8. ELECTRONIC MEETINGS**

The Board of Health reviewed correspondence from Wellington-Dufferin Health Unit requesting support to change The Municipal Act to authorize electronic means of participation by Local Boards and Committees of Local Boards.

As this is still in the early stages, further discussion will take place when options become available.

**9. STAFFING POSITIONS**

Discussion regarding current Health Promotion Coordinator positions took place. The Board agreed to change the title of two of the three positions to Planning and Evaluation Specialists.

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------------|
| <b>Motion / Resolution: #81-2015</b>                                                                                                                                                                                                   | <b>APPROVED</b> |                         |
| THAT the Board of Health approve the title change to two of three Health Promotion Coordinator positions to Planning & Evaluation Specialist. These positions will remain on the same salary grid as the Health Promotion Coordinator. |                 | S. Smith<br>B. Thompson |

**10. ALPHA TELECONFERENCE UPDATE**

A report on the latest Association of Local Public Health Agencies (alPHa) teleconference was given by Julie Roy, Chair. She advised that the next alPHa meeting takes place in Toronto November 5, 2015. Board members were asked to consider attending this meeting. Further discussion will take place at the next Board of Health meeting.

**11. NON AGENDA ITEMS**

**11.1 Communication/Newsletter**

A newsletter containing key programming updates to be sent to municipalities was discussed. The Executive Committee will discuss further at their meeting on November 13, 2015.

**12. NEXT MEETING DATE**

BOH Regular Meeting – October 23, 2015, Dryden, Best Western Hotel

**13. ADJOURNMENT**

The Chair adjourned the meeting at 11:25 a.m.

BOARD OF HEALTH FOR THE NORTHWESTERN HEALTH UNIT:

CONFIRMED AS WRITTEN

THIS ..... DAY OF .....2015

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MEETING CHAIR, BOARD OF HEALTH

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RECORDING SECRETARY